21504 7027	47748 5		State of Ne Investi		Mot	tor Ve	ehicl	e A	ccid	en	ıt Re	eport		Shee	et _1	of	2
2	Total Nu of Vehi		Local No./ District 130		Agency Case No. B	5-107510	)			ı	HIT & RUI		INVESTIGA	ATION I		AT SCENE	? L 1
A/1 04 A/2	DATE OF ACCIDENT		8/2015		Y Y	S M T	W TH	F S	TIME OF ACCIDE POLICE NOTIFIE	NT	0519 0519	litary Time)	Amen		(		
В	PLACE OF ACCIDENT	Г	Larioadi	<del></del>					NOTIFIE	<u>-</u> D	1	YES NO	11/18	3/201	15		
41	ROAD O	CITY WHICH	Lincoln STREET/	0	Ot/L 44	00		PRIVATE PROPER ONE-WA'			YES NO				1		
C	ACCIDENT	OCCUR		o. Superio	SEV			HIGHWAY NO.				LONGITUDE			_		
4	MILEPOST MILEPOST  IF AT INTERSECTION							IE NO	NOT AT INTERSECTION								
1 1		NAN	ME OF INTERSECT		′		FEET <b>○</b> 2.00		N S	E	W OF N	EAREST STREE		, RAILI	ROAD (	CROSSIN	G
V1/M 14 V2/M	MILES		N S E	ACCIDENT V	VAS OUTS	IDE CITY LI	MITS, IN	W OF	DISTANCI NEAREST Y OR TOWI								
01 E 1	R. WORK ZONE CODES 1 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b CLASSIFICATION CODES DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?																
				-		V	EHICLE	NO. 1									
F 2 V1/N	DRIVER LICENSE DRIVER		NO. G02100	0724					PHONE	17/	. 0224	STATE (Of License)	NE LOCAL NO		<b>EX</b>	FEMALE MALE	
2	DRIVER ADDRI	ESS				STATE, ZIP			402-	4/0	5-9236	DATE OF	0 10/17	7/10	E 1		V1/1
V2/N <b>2</b>	OWNER		DR, LINCOL						PHONE			BIRTH (MM / DD / YYY	LOCAL NO		) I		18
G	ALLAN R WISSINK / Marv K Wissink  OWNER ADDRESS  CITY, STATE, ZIP  CITATION NO.										V1/2						
4	749 W Leon, Lincoln, NE 68521							PENDING NO				NG ONO	LB491090				V1/3
н 2	LICENSE PLATE	PA	NO. TLX586	MAKE	ls.	AODEI		DODY CT	VI E		YEAR ate Expires)	2016	CTIMATED	(Of PI	late)	NE	V1/4
V1/O	VEHICLE	VEHICLE 2007 Mercury Mountaineer															
3 V2/O	VEHICLE ID NO. (VIN) TOWED TO	0. (VIN) 4IVIZEU47E17UJZ1040										ressive					V1/5 18
2	749 W L	.eon				l Towing						4479					V1/6
1	DRIVER		NO. G06002	700		V	EHICLE	NO. 2				STATE	NE	T_6,	-v <	→ FEMALE	40
V1/P	DRIVER			.709					PHONE			(Of License)	LOCAL NO		≅x X	MALE	-
1	JAMES O	ESS				STATE, ZIP			402	- /8	4-2311	DATE OF					V2/1 18
V2/P	435 JENSEN, VALPARAISO, NE 68065							BIRTH (MM / DD / YYYY					04/12	V2/2			
J	JAMES J CEJKA / Janice L Cejka  OWNER ADDRESS  CITY, STATE, ZIP								1-2311	CITATION	CITATION NO.						
01			alparaiso, N	E 68065							⊃ PEND			O.T.4	<b></b>		V2/3
V1/Q <b>1</b>	LICENSE PLATE	TE YEAR	NO. 062845	MAKE	l n.	MODEL		BODY ST	VI E		YEAR ate Expires)	2016	STIMATED I	(Of PI	late)	NE	V2/4
V2/Q	VEHICLE	TEAK	2000 Nissan Frontier					Pickup truck g			gray	gray			TOTALED \$ 2000		
<b>4</b> к	VEHICLE ID NO. (VIN)	D. (VIN)   TNODD20521C309776								INSURANCE COMPANY Farmers Mutual						18 V2/6	
02	TOWED BY POLICY NO. AU031853											40					
		Comp	olete this se	ection for	r all inj	ured pe	rsons					OF BIRTH	Seat Position	<b>2</b> Eject	Body Region	Injury n Sev.	sex
VEH. #	NAME	(00			DRESS	,	,					· · · · · · · · · · · · · · · · · · ·	FOSILIOIT	Ť	Region	1 Sev.	
	LOCAL NO.		MEDICAL FACILITY NAME				EMS S	EMS SERVICE NAME				EMS RUN REPORT NO.					
VEH. #	NAME			AD	DRESS									$\overline{}$		$\top$	
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	1E				EMS RU	N REP	ORT NO.		
					DRESS												
VEH. #										$\perp$							
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS S	ERVICE NAM	1E				EMS RU	N REPO	ORT NO.		

THE FOLLOWING	SINFORMATION IS REQUIRED FOR	ALL ACCIDENTS	
THE TOLLOWING	INDICATE BY DIAGRAM WHAT HAPPE	NED AGENCY	CASE NO. 07510
			0/510
Indicate North			
by Arrow			
	17		
	To 1-180 NB		
· · · · · · · · · · · · · · · · · · ·			
	v1	· ·	
		<del></del>	
N N N N N N N N N N N N N N N N N N N	POI W curb of on ramp to	erior St	
	Superior St S curb of Superior St		
Not	To Scale		
· · · · · · · · · · · · · · · · · · ·	I D		
just ran into D2. No skid marks.	ea light EB on Superior approaching the exit for	I-180 NB. D1 stated that	t the light turned green and he
	ed light EB on Superior approaching the exit for	I-180 NB. D1 stated that	t the light turned green and he
just ran into D2. No skid marks.	ADDRESS	I-180 NB. D1 stated that	t the light turned green and he  APPROX. COST OF DAMAGE.
Just ran into D2. No skid marks.  OBJECT DAMAGED OBJECT DAMAGED OWNER NAME OBJECT DAMAGED OWNER NAME	ADDRESS		APPROX. COST OF DAMAGE.  APPROX. COST OF DAMAGE.
Just ran into D2. No skid marks.  OBJECT DAMAGED OBJECT DAMAGED OWNER NAME OBJECT DAMAGED OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE  APPROX. COST OF DAMAGE
Just ran into D2. No skid marks.  OBJECT DAMAGED OBJECT DAMAGED OWNER NAME OBJECT DAMAGED OWNER NAME NAME NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE.  APPROX. COST OF DAMAGE.
Just ran into D2. No skid marks.  OBJECT DAMAGED OBJECT DAMAGED OWNER NAME OBJECT DAMAGED OWNER NAME	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS	PHONE PHONE  RESTRAINT USE	APPROX. COST OF DAMAGE.  APPROX. COST OF DAMAGE  PHONE
Just ran into D2. No skid marks.  DBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  OWNER NAME  OBJECT DAMAGED  OWNER NAME  NAME  VEHICLE MOVEMENT  POINT OF IMP/	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND SED AREA AIRBAG DEPLOYED VEHICLE 1	PHONE PHONE  RESTRAINT USE	APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAGE \$ PHONE PHONE  TOTAL OCCUPANTS VEH 1 VEH 2 1 ALCOHOL Driver Driver Pedes
Just ran into D2. No skid marks.    Day	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND VEHICLE 1  VEHICLE 2  VEHICLE 2  1	PHONE PHONE  RESTRAINT USE	APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAGE \$ PHONE PHONE  TOTAL OCCUPANTS 1 1 2 1  ALCOHOL Driver No. 1 Driver No. 2 triar  ALCOHOL Y Y Y Y
Just ran into D2. No skid marks.    Date	ADDRESS  ADDRESS  ADDRESS  ACT AND SED AREA Vehicle)  VEHICLE 2  POINT OF MOST OF 1 Deployed - front 2 Deployed - side 3 3	PHONE  PHONE  RESTRAINT USE VEHICLE 1  Vehicle occupant Lap & shoulder belt used Shoulder belt only used	APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAGE  PHONE  PHONE  PHONE  TOTAL OCCUPANTS  1 1 VEH 1 2 1  ALCOHOL Driver No. 2 Pedes TESTING No. 1 No. 2 VEH 1
Just ran into D2. No skid marks.    Description   Owner Name	ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA reach vehicle)  VEHICLE 2  POINT OF IMPACT  MOST AAREA  MOST AAREA  Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6	PHONE  RESTRAINT USE VEHICLE 1  - 2  None used - vehicle occupant Lap & shoulder belt used Shoulder belt only used Lap belt only used Child safety seat used Child booster seat used	APPROX. COST OF DAMAGE \$  APPROX. COST OF DAMAGE \$  APPROX. COST OF DAMAGE \$  PHONE  PHONE  PHONE  TOTAL OCCUPANTS 1 1 2 1  ALCOHOL Driver No. 2 triar  ALCOHOL LEVEL TESTED N X N X N  BAC LEVEL  ALCOHOL/ DRUGS 1 1 Driver No. 1  Driver No. 1 Driver No. 2  ALCOHOL/ DRUGS 1 1 1 1
Just ran into D2. No skid marks.    Data	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND VEHICLE 1  POINT OF IMPACT  MOST JAMAGED AREA  1 03 04  1 03 04  1 04  1 03 04  1 04  1 07  1 07  1 07  1 08  1 08  1 08  1 09  1	PHONE  PHONE  RESTRAINT USE VEHICLE 1	APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAG
OBJECT DAMAGED   OWNER NAME	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ACT AND VEHICLE 1  Peloyed - front 2 Deployed - side 3 Deployed - side 3 Deployed - side 4 Not deployed 5 Not applicable/ No airbag available 6 No librag available 7 No librag available 7	PHONE  PHONE  RESTRAINT USE VEHICLE 1  - 2  None used - vehicle occupant Lap & shoulder belt used Shoulder belt only used Lap belt only used Child safety seat used OT approved helmet used Costume helmet used	APPROX. COST OF DAMAGE \$  APPROX. COST OF DAMAGE \$  APPROX. COST OF DAMAGE \$  PHONE  PHONE  PHONE  TOTAL OCCUPANTS  PHONE  PHONE  Driver No. 2  triar  ALCOHOL LEVEL TESTED  N X N X N  BAC LEVEL  ALCOHOL/ DRUGS SUSPECTED  1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected
Just ran into D2. No skid marks.    Data	ADDRESS  ADDRESS  ADDRESS  ACT AND ED AREA each vehicle)  VEHICLE 2  POINT OF IMPACT 05  MOST JAMAGED 05  AREA 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 No airbag available 7 No airbag available 7 No airbag available 7 No airbag available 8 Unknown 9	PHONE  PHONE  RESTRAINT USE VEHICLE 1	APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAG
Just ran into D2. No skid marks.    Description   Owner name	ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ALT AND VEHICLE 1  POINT OF IMPACT O5  ANAMAGED AREA OBPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2  1 O7 O6 VEHICLE 2	PHONE  RESTRAINT USE VEHICLE 1  - 2  None used - vehicle occupant Lap & shoulder belt used Shoulder belt only used Lap belt only used Child booster seat used DOT approved helmet used Costume helmet used Restraint use unknown VEHICLE 2	APPROX. COST OF DAMAGE \$ APPROX. COST OF DAMAGE  TOTAL  OCCUPANTS  I 1